



New Address Assignment Form

Town/City Name: (required)	STRAFFORD ▼
Address Assignment By: (required)	<input type="radio"/> Town/City <input type="radio"/> E9-1-1
Town/City Assigned Address Number:	<input type="text"/>
Town/City Address Suffix: ?	<input type="text"/>
Subaddress: ?	<input type="text"/>
Street Name: (required)	<input type="text"/>
Street Type: (required)	<input type="radio"/> Existing <input type="radio"/> New
Closest Street Name:	<input type="text"/>
Numbering Parity: (required)	<input type="radio"/> Odd <input type="radio"/> Even <input type="radio"/> Unknown
Address is between:	<input type="text"/> and <input type="text"/>
Type of Structure:	Residence ▼
Property Owner:	<input type="text"/>
Map and Lot or Permit #:	<input type="text"/>
Permit Type: (required)	<input type="text"/> ▼
Submitted By: (required)	<input type="text"/>
Title:	<input type="text"/>
Structure and Location Description:	<input type="text"/>